

FILED JUN 3 1944
Registration District No.

Primary Registration District No. 1002

Registrar's No. 2336

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Major Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 25 years,
years, months or days)

3. (a) PRINT FULL NAME Mrs. Charlotte May Rummel

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George W. Rummel 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased May 16 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 0 13 hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business X

12. Name Samuel Blair
13. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

14. Maiden name Mary A. Keenan
15. Birthplace Maryland (City, town, or county) (State or foreign country)

16. (a) Informant George W. Rummel
(b) Address 3247 McGee, Kansas City, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-2-44
(Month) (Day) (Year)
(c) Place: burial or cremation Parker, Kansas

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-31-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3247 McGee,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29th
year 1944 hour 9:25 minute P. M.

21. I hereby certify that I attended the deceased from May 24th 1944, to May 29th 1944
that I last saw him alive on May 29th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.
Cerebral Thrombosis 2 or 3 weeks
Due to Pulmonary Edema 2 or 3 days
Due to Cerebral Arteriosclerosis about 3 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 83 lb
Of autopsy
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Herman S. Major (M. D. or other)
Address 3100 Euclid Ave. K. C. Mo. Date signed 5/31/44

Dr. Marjors

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed E. M. Planch

Licensed Embalmer No. 1848

P. O. Address W. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

☐ If this body is not embalmed, fact should be so stated above.